



Kansas Department of Health and Environment Center for Health and Environmental Statistics Office of Health Care Information Curtis State Office Building, Suite 130 1000 SW Jackson Street Topeka, Kansas 66612-1354 Phone (785) 368-7394 ** Fax (785) 368-7118

Restricted Use Data Request Form

Please complete the following questions for restricted-use data, making corrections to pre-printed information where appropriate (use additional sheets if necessary).

additional sheets if necessary).					
Name	Organization				
Address					
Phone					
IMPORTANT! Please include your Federal	Tax ID		OR your Social Security N	o.:	
1. Brief description of the project or study propo	osed:				
2. Purpose of the project or study:					
3. What type of data would you like to obtain? (S	ee next page for comp	plete list o	f available categories.)		
Provide a brief description of the level of deta	il of data requested.				
4. Has this project or study protocol been approv	ed by an internal revie	ew board?	Yes No	N/A	
5. a. Description of the data security procedures	you or your organizati	ion will fo	llow complete with who has respons	sibility for seco	urity of the data
b. Who has access to the data?					
6. a. Description of the proposed use and/or relea	se of the data:				
b. If data are to be released, how?					
Format Needed:					
Hard Copy (paper, mailed or faxed if 5 page	s or less)	ROM	3.5 inch floppy disk 100 MP	3 "Zip" Disk	Labels
☐ Fixed Width ☐ Comma Delimited	■ Excel □ (Other (Sp	pecify)		
7. How would you like your data provided? (M	/Iail, Fax, FedEx, E-r	mail, etc.)	l		
Rules and Regulations promulgated by the Secr Governing Board (KAR 28-67-1 through 28-67-12) maintained and released for purposes of health polionecessary to protect and promote the health of the I understand that the data provided by KDHE wiperson who resides at any address listed; or to sell, any person listed or to any person who resides at an I understand that violation of the statute prohibit the attorney general or county or district attorney is I also understand that breach of the confidential	specify the conditions cy development, health state. ill not be used for the p give or otherwise make by address listed, KSA 4 ting the unlawful use of in a sum set by the cour	s under whith research, purpose of e available 45-220. If names deart not to experience of the control of the c	ich health care information collected p consumer information and epidemiolo selling or offering for sale any propert to any person any list of names or add rived from a public record will result i xceed \$500 for each violation, KSA 4	pursuant to KSZ gical and other ty or service to dresses for sale in a civil penalt 5-220.	A 65-6801-6808 r public health fu any person lister of property or sety in an action brows.
X		X			
Requester	Date	Depart	ment Head		Date
Cent	er for Health and Er	nvironme	ntal Statistics use only.		
Date Request Received	By:		Tracking Number:		
Date Request Filled:	_		B. Board approval sought?	Yes	No
A. Request Apprv/Denied by OHCI			Appealed to Governing Board		
Request Appry/Denied by CHES	(Date) (Ir	nitiale)		(D.	-4-)

Public Domain

Types of Data Requested

Board of Healing Arts Kansas Board of Nursing Licensed Practical Nurses (LPN) MDs **DOs** Registered Nurses (RN) Physician Assistants Licensed Mental Health Technicians (LMHT) Occupational Therapists Advanced Registered Nurse Practitioners (ARNP) Registered Nurse Anesthetists (RNA) Occupational Therapy Assistants Physical Therapists **Kansas Board of Pharmacy** Physical Therapy Assistants Pharmacists **Respiratory Therapists** Pharmacies Chiropractors Manufacturers **Podiatrists** Non-Prescription Distributors **Athletic Trainers** Pharmacy Interns Naturopaths (NDs) Retail Dealers Resident Physicians Ambulances Contact Lense Technicians Analytical Labs Health and Planning Centers Kansas Behavioral Sciences Regulatory Board **Institutional Rooms Psychologists** Research and Training Masters (LMLP) Non-Resident Pharmacies Ph D (LP) Pharmacy Technician Social Workers Kansas Dental Board Associates (LASW) Masters (LMSW) Dentists Bachelors (LBSW) **Dental Hygienists** Clinical (LSCSW) Kansas Board of Emergency Medical Services Licensed Professional Counselors (LPC) EMT - Level One Licensed Clinical Professional Counselors (LCPC) EMT - Intermediate Family and Marriage Therapists (LMFT) EMT - Defibrillator Clinical Family and Marriage Therapists (LCMFT) EMT - Intermediate Defibrillator Clinical Psychotherapists (LCP) EMT - Paramedic (MICT) Alcohol/Drug Abuse Counselors (RAODAC) EMT - First Responder Kansas Department of Health and Environment **Kansas Board of Optometry** Audiologists Optometrists Speech Pathologists **Nursing Facility Administrators** Kansas Hospital Discharge Summary Data Dietitians Certified Nurse Aides (CNAs) Certified Medication Aides (CMAs) Home Health Aides

NOTE: All requests are subject to limitations on restricted and confidential fields.